TO BE COMPLETED BY APPLICANT



BOARD OF REGISTERED NURSING

P O Box 944210, Sacramento, CA 94244-2100 TDD (916) 322-1700 Telephone (916) 322-3350 www.rn.ca.gov



Ruth Ann Terry, MPH, RN Executive Officer

REQUEST FOR TRANSCRIPT

TO APPLICANT: Send this form to your basic school(s) of nursing. If you need to contact more than one school, this form may be reproduced. Transcripts are required from each school where nursing requirements or general education courses were completed. Transcripts must include all completed coursework, clinical practice of training and reflect the degree awarded. Your school may require a processing fee.

LAST NAME:		FIRST NAME:			MIDDLE NAME:	
ADDRESS: Nun	nber and Street				DATE OF BIRTH: (Month/Day/Year)	
City		State	Country	Postal/Zip Code	SOCIAL SECURITY NUMBER:	
PREVIOUS NAMES: (In	ncluding Maiden)					
NAME OF PROFESSIONAL REGISTERED NURSING SCHOOL:					YEARS ATTENDED:	
LOCATION: City		State	Country	Postal/Zip Code	YEAR GRADUATED:	
SIGNATURE OF APPLICANT:						
SIGNATURE OF API	PLICANT:				DATE:	
					DATE: ELEASING TRANSCRIPTS	
B. TO BE COMPLIED The above applicant has	ETED BY THE OFF s applied for a license to a complete official trans	PICE OF practice ascript. Plea	THE SCHOO as a registered r ase mail to the E	DL OFFICIAL RI nursing in California. Board of Registered	ELEASING TRANSCRIPTS Please provide the following Nursing at the above address.	
B. TO BE COMPLI The above applicant has information and attach a	ETED BY THE OFF s applied for a license to a complete official trans THIS FORM PRIOR TO COME	FICE OF o practice a script. Plea PLETION DA	THE SCHOC as a registered r ase mail to the E	DL OFFICIAL RI nursing in California. Board of Registered I TERED NURSING PROG	Please provide the following Nursing at the above address.	
B. TO BE COMPLI The above applicant has information and attach a DO NOT SIGN OR SUBMIT T	ETED BY THE OFF s applied for a license to a complete official trans THIS FORM PRIOR TO COMP	practice ascript. Plea	THE SCHOO as a registered r ase mail to the E ATE OF THE REGIST	DL OFFICIAL RI nursing in California. Board of Registered TERED NURSING PROG DATE NURSING	Please provide the following Nursing at the above address. RAM. G REQUIREMENTS COMPLETED:	
B. TO BE COMPLI The above applicant has information and attach a DO NOT SIGN OR SUBMIT TO ENTRANCE DATE:	ETED BY THE OFF s applied for a license to a complete official trans THIS FORM PRIOR TO COMP	practice ascript. Plea	THE SCHOO as a registered r ase mail to the E ATE OF THE REGIST	DL OFFICIAL RI nursing in California. Board of Registered TERED NURSING PROG DATE NURSING	Please provide the following Nursing at the above address. RAM. G REQUIREMENTS COMPLETED:	
B. TO BE COMPLIED The above applicant has information and attach a DO NOT SIGN OR SUBMIT TO ENTRANCE DATE: If degree received prints	ETED BY THE OFF s applied for a license to a complete official trans THIS FORM PRIOR TO COMP DATE DIPLOMA/ ior to entering nursin	practice ascript. Please PLETION DA	THE SCHOO as a registered rease mail to the E ATE OF THE REGIST E AWARDED: m, list name o	DL OFFICIAL RI nursing in California. Board of Registered TERED NURSING PROG DATE NURSING f school and type	Please provide the following Nursing at the above address. RAM. G REQUIREMENTS COMPLETED: of degree: TYPE OF DEGREE:	

NOTE: ALL INTERNATIONAL NURSING PROGRAMS: Please include Breakdown of Educational Program for International Nursing Programs form. Transcripts received from the school in a foreign language will require an English translation by a certified translator or translation service. The original foreign language transcript and the English translation of the transcript must both be sent to the Board of Registered Nursing.